

COUNTY OF SAN BERNARDINO
GUARDIANSHIP QUESTIONNAIRE
(Probate Code Section 1513)

 Non-Relative Relative _____
(Relationship)

NOTICE

PLEASE BE ADVISED THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE WILL BE USED TO CONDUCT A FULL AND COMPLETE INVESTIGATION OF APPLICANT'S BACKGROUND. THE RESULTS OF THE INVESTIGATION AND RELATIONSHIP HISTORIES WILL BE FULLY REPORTED TO THE COURT.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO THEM.

SIGNATURE: _____

COMPLETE AND RETURN WITH THE PETITION.

Minor's Name _____ Case Number _____

I. IDENTIFYING INFORMATION:

PROPOSED GUARDIAN

Full Name _____ Maiden Name _____
Last First Middle

Race/Ethnicity _____ Language(s) spoken (Includes sign
Language) _____

Address _____
Street Apt. # City Zip Code

How long at present address? _____ Own Rent Monthly mortgage
payment or rent? \$ 0.00

Telephone Number _____ Driver's License # _____
Indicate if TDD

Age Date of Birth _____ Place of Birth _____

Social Security Number _____ Religion _____

Last Grade completed and special training _____

Were you ever arrested for an offense other than a minor traffic
violation? Yes No. If yes, give date, place and details of
offense _____

(All information will be verified with the Department of Justice)

Have you had previous involvement with Child Protective Services?
__ Yes __ No. If yes, explain the circumstances in detail and include dates and name of County or State where involvement occurred.

Have you ever been treated for or do you now have a physical impairment (e.g. hearing loss)? __ Yes __ No.

If yes, explain in detail.

History of mental health impairment? __ Yes __ No. If yes, explain in detail including medications, hospitalizations (when and where), and therapy/counseling (when and where).

How has the addition of this child to your family impacted your family's money situation. (e.g. increased child care expenses)?

SPOUSE

Full Name _____ Maiden Name _____
Last First Middle

Race/Ethnicity _____ Language(s) spoken (Includes sign Language) _____

Age __ Date of Birth _____ Place of Birth _____

Social Security No. _____ Religion _____ DL # _____

Last Grade completed and special training _____

Were you ever arrested for an offense other than a minor traffic violation? __ Yes __ No. If yes, give date, place and details of offense _____

Have you had previous involvement with Child Protective Services?
__ Yes __ No. If yes, explain the circumstances in detail and include dates and name of County or State where involvement occurred.

Have you ever been treated for or do you now have a physical impairment (e.g. hearing loss)? ☐ Yes ☐ No.

If yes, explain in detail. _____

History of mental health impairment? ☐ Yes ☐ No. If yes, explain in detail including medications, hospitalizations (when and where), and therapy/counseling (when and where).

II. MARRIAGES:

PROPOSED GUARDIAN

Married _____ Divorced _____ Separated _____ Widowed _____

Date and place of most recent marriage _____

Number of children _____ Ages of Children _____

Previous marriages (Use additional paper if necessary)

Name of former spouse _____

Date and place of marriage _____
Month/Year City/State

How terminated? ☐ Divorce ☐ Death Date _____ Place: City and State _____

Number children from this marriage? _____ Ages of children

Who is financially supporting your minor children (include AFDC and/or Social Security benefits).

If your minor children do not currently live in your home, describe your involvement with your kids, i.e. visitations. (List each child by name.)

SPOUSE

Previous marriages (Use additional paper if necessary)

Name of former spouse _____

Date and place of marriage _____
Month/Year _____ City/State _____

How terminated? ☐ Divorce ☐ Death Date _____ Place: City and State _____

Number children from this marriage? _____ Ages of children _____

With whom do your children from previous relationships live? _____

Who is financially supporting your minor children (include AFDC and/or Social Security benefits).

If your minor children do not currently live in your home, describe your involvement with your kids, i.e. visitations. (List each child by name.)

III. EMPLOYMENT/INCOME:

PROPOSED GUARDIAN

Name of employer/Financial support source: _____

Address of employer: _____

Telephone number _____ Length of service _____

Title _____ Gross monthly income: \$ 0.00

SPOUSE

Name of employer/Financial support source: _____

Address of employer: _____

Telephone number _____ Length of service _____

Title _____ Gross monthly income: \$ 0.00

Who cares for children if adults are employed outside of the home?

IV. CHILDREN AT HOME: Use additional sheets if necessary.

Name	Relation-ship	DOB	Place of Birth	Grade Level	Special Needs

V. OTHER MEMBERS OF HOUSEHOLD: Use additional sheets if necessary.

Name	DL #	SS #	Sex	DOB	Relation-Ship	Occupation	Criminal History

VI. REFERENCES:

Give name, address and telephone number of three (3) non-related references who have knowledge of your home life and standing in the community. It is preferred if one (1) is a business associate other than your employer.

Full name

Occupation

Telephone number

1.

()

Address

Number

Street

City

Zip Code

Full name

Occupation

Telephone number

2.

()

Address

Number

Street

City

Zip Code

Full name

Occupation

Telephone number

3.

()

Address

Number

Street

City

Zip Code

VII. CHILD OR CHILDREN BEING PLACED UNDER GUARDIANSHIP:

1. a. Name Other names

Ethnicity Age Date of Birth

Place of birth Date placed with

petitioner Relationship to petitioner

Month/Day/Year

Name of school _____ Phone # _____
Grade _____ Teacher's name _____
Name of physician caring for child _____
Address of physician _____ Phone # _____

- b. Describe known medical problems, e.g. hearing or vision impairments.

Describe special needs of child and services required to meet these needs, e.g. medication - hearing aids - eyeglasses.

What is your understanding of the child's mental or physical impairments.

How do you plan to meet the child's mental or health problems?

2. a. Name _____ Other names _____

Ethnicity _____ Age _____ Date of Birth _____

Place of birth _____ Date placed with
petitioner _____ Relationship to petitioner _____
Month/Day/Year

Name of school _____ Phone # _____

Grade _____ Teacher's name _____

Name of physician caring for child _____

Address of physician _____ Phone # _____

- b. Describe known medical problems, e.g. hearing or vision impairments.

Describe special needs of child and services required to meet these needs, e.g. medication - hearing aids - eyeglasses.

Describe history of mental or physical impairments.

VIII. BIRTH PARENTS

Mother's name _____ Telephone number _____

Date of birth _____

Address (if known) _____

Mother's last contact with child. _____

Father's name _____ Telephone number _____

Date of birth _____

Address (if known) _____

Father's last contact with child. _____

1. What is the relationship between Petitioner and birth parents, e.g. visitation between birth parents and child, include specific conditions - areas of conflict or disagreement. (Use back of page if necessary.)

2. How long do you expect this guardianship to last?

3. What are the long term plans for this child? _____

4. Is the birth mother in agreement with guardianship? ☐ Yes ☐ No
 ☐ Unknown

Comments: _____

5. Is the birth father in agreement with guardianship? ☐ Yes ☐ No
 ☐ Unknown

Comments: _____

6. Have the birth parents made you aware of their plans for this child?
 ☐ Yes ☐ No

If yes, describe known plans: _____

I declare, under penalty of perjury, that the foregoing facts are true and correct.

Date: _____

(Petitioner's Signature)

COUNTY USE ONLY

DOJ Check

PETITIONER _____

Date _____ Results: ____ Negative ____ Positive

Action taken, if any _____

SPOUSE _____

Date _____ Results: ____ Negative ____ Positive

Action taken, if any _____

OTHER _____

Date _____ Results: ____ Negative ____ Positive

Action taken, if any _____

County of San Bernardino
COURT INVESTIGATOR'S OFFICE
Conservatorships - Guardianships
Courthouse, Room 200
351 North Arrowhead Avenue
San Bernardino, CA 92415-0240

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Guardianship of _____

I give your office authority to release any information in your files to the Guardianship Court Investigator's Office. This information may include school records, medical records, employment records or psychological records.

This information is necessary in an investigation being made by the Guardianship Court Investigator's Office in connection with my petition for guardianship of a minor child.

Signature _____

Date: _____